

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>Received</b> Oxnard City Clerk SEP 27 PM 4:14	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>9</u>
	For Official Use Only

Statement covers period from <u>Jul 1 2018</u> through <u>Sep 22 2018</u>	Date of election if applicable: (Month, Day, Year) <u>2018 Nov 6 2018</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
1311191

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Tim Flynn for Mayor 2018

STREET ADDRESS (NO P.O. BOX)

211 N F St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93030</u>	<u>805-340-1922</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Diane I Flynn

MAILING ADDRESS

234 N L St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93030</u>	<u>805-486-8976</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sep 26 2018  
Date

Executed on Sep 26 2018  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Diane I Flynn  
Signature of Treasurer or Assistant Treasurer

By Tim Flynn  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Tim Flynn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Oxnard

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

211 N F St Oxnard CA 93030

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

Defeat the Recall Support Mayor Flynn 1404848

NAME OF TREASURER CONTROLLED COMMITTEE?

Diane I Flynn  YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

211 N F St

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030 805-340-1922

COMMITTEE NAME I.D. NUMBER

Flynn vs Starr Legal Defense Fund not yet received

NAME OF TREASURER CONTROLLED COMMITTEE?

Diane I Flynn  YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

211 N F St

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030 805-340-1922

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Jul 1 2018</u> through <u>Sep 22 2018</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>3</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tim Flynn for Mayor 2018

I.D. NUMBER  
1311191

## Contributions Received

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>2200</u>	\$ <u>5200</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>3000</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>2200</u>	\$ <u>8200</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>2200</u>	\$ <u>8200</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>na</u>	\$ <u>na</u>
21. Expenditures Made	\$ <u>na</u>	\$ <u>na</u>

## Expenditures Made

6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>5475.30</u>	\$ <u>13206.57</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>5475.30</u>	\$ <u>13206.57</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>5475.30</u>	\$ <u>13206.57</u>

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>na</u>
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>na</u>

## Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>190.80</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>2200.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>5600.00</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>5475.30</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2515.50</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>3000.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Jul 1 2018	
through	Sep 22 2018	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Flynn for Mayor 2018

I.D. NUMBER

1311191

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/6/2018	Janice McCormick/Michael Stubblefield 1230 E Collins St Oxnard CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	both retired	200	200	
9/12/2018	Lauraine Effress 2831 Harbor Bl Oxnard CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	150	250	
9/17/2018	Eloise Cohen 3957 Freshwind Cr Westlake Village CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	
9/17/2018	Charles Cohen 3957 Freshwind Cr Westlake Village CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	attorney Cohen Begun & Deck	100	100	
9/18/2018	Maria C Ramirez 631 Ivywood Dr Oxnard CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed attorney	150	150	

**SUBTOTAL \$ 700**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 2200
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$ 2200</b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Jul 1 2018</u> through <u>Sep 22 2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Tim Flynn for Mayor 2018</b>	I.D. NUMBER <b>1311191</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2018	Jon D Flynn 2783 Marty Dr Sacramento CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Olive Center University of California Davis	500	500	
9/22/2018	Diane & John Flynn 234 N L St Oxnard CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	1000	1000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>1500</b>		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jul 1 2018</u> through <u>Sep 22 2018</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <b>1311191</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Flynn for Mayor 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD * <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD  DATE DUE	(e) INTEREST PAID THIS PERIOD  RATE	(f) ORIGINAL AMOUNT OF LOAN  DATE INCURRED	(g) CUMULATIVE CONTRIBUTIONS TO DATE  CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
Tim Flynn 211 N F St Oxnard CA 93030  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor, City of Oxnard	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>3000</u>  <u>12/31/2018</u>	<u>0</u> %  <u>0</u>	\$ <u>3000</u>  <u>2/21/2018</u>	\$ <u>3000</u>  \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE	_____%  \$ _____	DATE INCURRED	\$ _____  \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE	_____%  \$ _____	DATE INCURRED	\$ _____  \$ _____
<b>SUBTOTALS</b>		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>3000</u>	\$ <u>0</u>		

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Jul 1 2018	
through	Sep 22 2018	Page <u>7</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Tim Flynn for Mayor 2018		1311191

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (Internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fausset Printing 1799 Eastman Av Ventura CA 93003	LIT			3291.77
B & B Services 2401 Eastman Av Oxnard CA 93030	LIT			271.87

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3563.64**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	5141.64
2. Unitemized payments made this period of under \$100.....	\$	333.66
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<b>5475.30</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Jul 1 2018	
through	Sep 22 2018	Page <u>8</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Tim Flynn for Mayor 2018		1311191

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Flynn for Mayor 2018

I.D. NUMBER

1311191

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nationbuilder 520 S Grand Ave 2nd floor, Los Angeles CA 90071	WEB		228.00
Oxnard City Clerk 300 W Third St Oxnard CA 93030	FIL		1350.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1578.00**



**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Jul 1 2018	
through	Sep 22 2018	Page <u>9</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Flynn for Mayor 2018

I.D. NUMBER

1311191

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/18/2018	Defeat the Recall Support Mayor Flynn 211 N F St Oxnard CA 93030	TRF	5600.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 5600.00**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$ 5600.00
2. Unitemized increases to cash of under \$100 this period. ....	\$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ....	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$ 5600.00</b>